

**Madrigal Chorale High School Vocal Scholarship Competition
Application Form**

All information is required to be considered for entry and to be contacted.

Soloist Name _____

Address _____ City _____ Zip Code _____

Preferred email address _____

Phone _____ Other _____

School Name _____

Current Grade Level _____ School Address _____

City _____ County _____ Zip Code _____

Choral Director (Print) _____

Signature _____

Email _____

Phone _____ Other _____

Private Voice Teacher (if applicable) _____

Signature _____

Audition Recording Selections

(1) Selection _____

Composer _____

(2) Selection _____

Composer _____

Submissions must be uploaded on or before April 27, 2025 to the following link (click, or cut/paste or type into your browser):

<https://www.dropbox.com/request/SCwPEDhLMxL8uDIba38i>